



CITY OF GLENDALE — BUILDING AND SAFETY

633 E. Broadway, Room 101 Glendale, CA 91206

(818) 548-3200, (818)548-4837 (Inspection)

PLUMBING PERMIT WORKSHEET

Please complete the section below clearly, legibly and in ink.

Permit No. BP

| | | | | | | | |
|--|--------------------|----------------------------|----------------------------|---|--|--|--|
| Job Address (Include Zip Code) | | | | Work Description (Fill all that apply and specify quantity) | | | |
| Permit Information Is this work related to a Building Permit <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Has work started? <input type="checkbox"/> Yes <input type="checkbox"/> No (Double the permit fee will be charged for legalization) | | | |
| Describe where the work will be done & fill out the work description on the right side of this application. | | | | <div>Any Combination of 10 new fixtures requires plan check (*)</div> <div><div><div>\$33.00 Issuance Fee</div><div>\$22.00 Technological Surcharge of 10% will Apply to Permit and Plan Check Fees</div><div>\$22.00 Supplemental Permit to</div><div>\$38.00 Minimum Inspection Fee (If fees below add up to less than \$37.44)</div><div>\$ Plan Check (50% of Permit Fee, Minimum of \$71.00)</div><div>\$11.00 Toilet</div><div>\$11.00 Sink</div><div>\$11.00 Bathtub</div><div>\$11.00 Shower/Shower Pan</div><div>\$11.00 Garbage Disposal</div><div>\$11.00 Clothes Washer</div><div>\$11.00 Dishwasher</div><div>\$16.99 Residential Water Softener</div><div>\$7.66 Lawn Sprinkler System</div><div>\$11.00 0 - 5 (Vacuum Breaker)</div><div>\$11.00 Drinking Fountain</div><div>\$22.30 Water Heater (each and/or vent)</div><div>\$11.00 Floor Drain (*) or Drain</div><div>\$11.00 Urinal</div><div>\$11.00 Other Fixtures</div><div>\$11.00 Exterior Water Service, New or Replacement</div><div>\$19.11 Boiler Steam or Hot Water</div></div><div>Industrial Equipment<div><div>\$71.00 Industrial Waste Interceptor (*)</div><div>\$71.00 Grease Trap (*)</div><div>\$5.47 Backflow Protective Device, Each</div><div>\$28.00 Dental Chairs, Each (*)</div><div>\$28.00 Special Equipment, Per Piece of Equipment (*)</div><div>\$11.00 Miscellaneous Items, Each</div></div><div>Re-pipes (Single Family Dwelling)<div><div>\$33.00 1 Bathroom</div><div>\$49.00 2 Bathrooms</div><div>\$66.00 3 Bathrooms</div><div>\$82.00 4 or More Bathrooms</div></div><div>Re-pipe (Multi-Family Dwelling - Per Unit)<div><div>\$66.00 2 Bathrooms or less (Per Dwelling Unit)</div><div>\$82.00 Greater than 2 Bathrooms (Per Dwelling Unit)</div></div><div>Re-pipe (Non - Residential - Per Floor or Story)<div><div>\$82.00 Less Than 10,000 Sq. Ft. (Per Floor or Story)</div><div>\$165.00 10,001 Sq. Ft. - 100,000 Sq. Ft. (Per Floor or Story)</div><div>\$274.00 Greater Than 100,000 Sq. Ft. (Per Floor or Story)</div></div></div><div>Gas Systems<div><div>\$5.47 Low Pressure, Each Outlet</div><div>\$71.00 Medium Pressure, Added to Outlet Charge (*)</div><div>\$71.00 Proprietary System, Added to Outlets</div></div><div>Drain & Waste Systems<div><div>\$28.00 Building Sewer</div><div>\$38.00 Sewer Connection C #</div><div>\$11.00 Repair Drain Line, Per Fixture on Line</div><div>\$71.00 Sewer Cap / Cesspool</div><div>\$11.00 Rainwater System, For Each Drain Inside The Building</div><div>\$17.00 Sump Pump / Sewer Ejector</div><div>\$7.66 Temperature and /or Pressure Relief Valve / Hi-Temp Limit Device</div><div>\$ Other (Refer to Fee Schedule)</div></div></div></div></div></div></div></div> | | | |
| Applicant 's Name | | Phone () | | | | | |
| Address (Include City and Zip Code) | | | | | | | |
| Property Owner's name | | Phone () | | | | | |
| Address (Include City & Zip Code) | | | | | | | |
| E-Mail Address | | | | | | | |
| Licensed design professional or engineer Information: | | | | | | | |
| Name | | Phone () | | | | | |
| Address (Include City & Zip Code) | | License No. | | | | | |
| E-Mail Address | | | | | | | |
| APN | | Lot | | | | | |
| Tract | | NAICS/Structure Use | | | | | |
| Floor Area | Above Grade | Below Grade | Mezz | Type of Const. | | | |
| Fire Sprinkler <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Edition of the Code | | | | |
| CALIFORNIA LICENSED CONTRACTOR'S DECLARATION: I herby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect. | | | | | | | |
| Contractor's Name | | Phone () | | | | | |
| Address (Include City & Zip Code) | | | | | | | |
| E-Mail Address | | | | | | | |
| State License No. | Exp. Date | City License No. | Exp. Date | | | | |
| Contractor's Signature | | | | | | | |
| FOR OFFICE USE ONLY | | | | | | | |
| Comments | | | | | | | |
| P.C. Processed By | | | Receipt No. | | | | |
| Processed By | | | Receipt No. | | | | |

Note: Any item having this mark (*) may require plan check for multi-family (3 or more units) & commercial buildings. (Any combination of 10 new fixtures; facilities requiring Health Dept. or Industrial Waste approval, i.e. medical & dental facilities restaurants, markets, and any establishment that sells or prepares food on or off site; and systems with sewage ejection pumps/industrial waste interceptor)

PERMIT NO.

| INSPECTIONS | APPRVD | DATE |
|---|--------|------|
| PRESITE | | |
| SHORING | | |
| SETBACKS AND YARDS | | |
| UFER | | |
| TRENCH AND FORMS REINFORCING STEEL | | |
| SETBACK & ELEVATION SURVEY | | |
| OK TO POUR FOOTINGS | | |
| DO NOT POUR FOOTINGS UNTIL ABOVE IS APPROVED | | |
| OK TO GROUT CMU / P.I.P. | | |
| OK REBAR SHOTCRETE WALL | | |
| HVAC GROUNDWORK / U.F. | | |
| ELECTRICAL GROUNDWORK / U.F. | | |
| PLUMBING GROUNDWORK / U.F. | | |
| GAS PIPING GROUNDWORK / U.F. | | |
| FIRST FLOOR JOISTS | | |
| UNDER FLOOR INSULATION | | |
| OK TO POUR SLAB FLOOR | | |
| DO NOT POUR CONCRETE FLOOR SLAB OR COVER FIRST FLOOR JOISTS UNTIL ABOVE IS APPROVED | | |
| ROUGH ELECTRIC | | |
| ROUGH PLUMBING | | |
| DUCTS | | |
| ROUGH HEATING OR REFRIG. | | |
| ROUGH GAS PIPING | | |
| ROOF SHEATHING | | |
| ROUGH FRAMING AND ROOF | | |
| ALARM ROUGH | | |
| FLOOR NAILING | | |
| T-BAR <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical | | |
| INSULATION | | |
| OK TO COVER | | |
| DO NOT COVER UNTIL ABOVE IS APPROVED | | |
| LATHING <input type="checkbox"/> Interior <input type="checkbox"/> Exterior | | |
| DRYWALL | | |
| BROWN COAT <input type="checkbox"/> Interior <input type="checkbox"/> Exterior | | |
| SEWER - SEPTIC / TANK - CESSPOOL | | |
| SERVICE RELEASE | | |
| FINAL GAS | | |
| FINAL PLUMBING | | |
| FINAL ELECTRICAL | | |
| FINAL HEATING OR REFRIGERATION | | |
| ENERGY FINAL | | |
| LANDSCAPE FINAL | | |
| GRADING FINAL | | |
| ELECTRICAL SERVICE RELEASE | | |
| FINAL-ENGINEERING | | |
| FINAL SPRINKLER | | |
| FINAL CENTRAL STATION | | |
| FINAL FIRE ALARM | | |
| FIRE PREVENTION FINAL | | |
| FINAL BUILDING INSPECTION | | |

[illegible]